

# BEST AVAILABLE COP

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/						51	/		
2		/					52	/		
3		/					53	/		
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44		/					94			
45		/					95			
46		/					96			
47		/					97			
48		/					98			
49		/					99			
50		/					100			
TOTAL IND.							TOTAL IND.	4		
TOTAL DEP.							TOTAL DEP.	457		
TOTAL CLAIMS							TOTAL CLAIMS	51		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS